,20.12 3-C	TYPE: MIXC []	CLEC	[]ILEC	[] Wireless	217592
2-0	CERTIFICATI	D COMP	ANY INFORMATI	ON	217596
M	Leoausa Tekcommunica	emd.	Senirosluc		
Con	pany Name		FEIN/S	SN	
Dba			Teleph	one#	
Maili	ne Martha's Way				
1	trawatha, 1A 5223	3	Harriston Control of the Control Control of the Control of the Con		
	State, Zip Code . Same as above				
	ness Location		1		
City,	State, Zip Code		اسا County	<u>ìan</u>	
				Service Control of the Control of the Control	
			IT INFORMATION		
Regi	stered Agent. CT Corporation of Address: 75 Beathic Place	n Sys	tem		
Maili	ng Address: 15 to eather Place Greenville: 3C	<u>.c</u>	100 Insign 29601	ia Francia	Plaza
2000-400-400-400-400-400-400-400-400-400	State, Zip Code				
Pursuan	t to the Commission's rules and regula	ations, pr	int or type compa	any contact for the	ne following areas
	William A. Haas				
A.	General Manager (Include Address if 319-790-729 5 / 585-77	different	than above)	haas en	natea (non
	Telephone Number / Facsimile N	umber	/ E-mail Address	s	acice a vi
	Incia Brown				
B.	Customer Relations/Complaints Re	presenta	tive (Include Add	Iress if different th	nan above)
	817-340-26001		1 customer	care @ pa	
	Telephone Number / Facsimile Nu	ımber	/ E-mail Address	,	
	Christine Neff				
C1.	Customer Relations/Complaints Redifferent than above)	presenta	tive for Escalated	Complaints (Inc	clude Address if
	319-790-6702/585-77	0-249	81 christine	.neff@pai	etcecom
	Telephone Number / Facsimile Nu	ımber	/ E-mail Address	10 1	
C2.	877-340-2600 Customer Contact (Toll Free Number	·)			
	·				
D.	Network Operations Ce		lifforent than above		
U.	Engineering Operations (Include Ac 800-417-1619 /	iuiess II C		iaetec.com	^
	Telephone Number / Facsimile Nu	mber	/ E-mail Address		

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: MIXC [] CLEC [] ILEC [] Wireless 71759-

	Network Operations Courted
E.	Test and Repair (Include Address if different than above) 866-790-1058 / /
	Telephone Number / Facsimile Number / E-mail Address
	Network Operations Conter
F.	Emergencies (During Non-Office Hours)
	1 noc@ Daetec.com
	Telephone Number / Facsimile Number / E-mail Address
In addi	tion, please provide the following company contact information to assist in proper routing of
	pondence and invoices:
	William A. Haas
G.	Regulatory Officer (Include Address if different than above)
	Telephone Number / Facsimile Number / E-mail Address
	Antakaplan
Н.	Dual Party Mailings (Name)
	Same
	(Mailing Address) 319-790-2462 / 585-770-2498 / antq. Kaplan Cpaetec.cm
	Telephone Number / Facsimile Number / E-mail Address
	Total Professional Professiona
1.	Anta Kaplan Interim LEC Fund Mailings (Name)
1,	Same
	(Mailing Addross)
	319-790-2462/585-770-2498/anita. Kaplane paetce. Com
	Telephone Number / Facsimile Number / E-mail Address
	Aniter Kaplan
J.	Universal Service Fund Mailings (Name)
	(Mailing Address)
	319-790-2462/585-7702498/anita. Kaplan @paetee.cm
	Telephone Number / Facsimile Number / E-mail Address
	Anita Kaplan
K.	Gross Receipts Mailings (Name)
	Same (Mailing Address)
	(Mailing Address) 319-790-2462/585-770-2498/
	Telephone Number / Facsimile Number / E-mail Address
. — . — . — .	
	Judith Messenger Thath Mulessen
	This form was completed by Signature Soc. Manager Public Policet Ros / 7/4/09
	Title Date
RETURI	N COMPLETED FORM TO: Public Service Commission of SC
	Docketing Department
	Post Office Drawer 11649 Columbia, South Carolina 29211
	And
	Office of Regulatory Staff
	Attn: Jeanne Gordon 1401 Main Street, Suite 900
	Columbia, South Carolina 29201